

Edward Cancer Centers

120 Spalding Drive; Suite 111; Naperville, IL 60540
Phone: 630/527-3788 Fax: 630/548-6617

24600 West 127th Street; Plainfield, IL 60585
Phone: 630/527-3788 Fax: 630/548-6617

Procrit Injection Orders

Patient Name: _____ DOB: _____

*****Please include current history and physical and any recent labs/tests, if applicable*****

PLEASE ATTACH COPY OF INSURANCE CARD WITH THIS ORDER

**Pre-Authorization # or
Call Reference #:**

(Ordering Physician Office is Responsible to Obtain Authorization/Referral)

**Contact Name and Phone Number
of Insurance Company:**

If you have any questions regarding pre-authorizations, please contact (630) 527-3788 and ask for the billing department.

***PRIMARY DIAGNOSIS (ICD-10 REQUIRED):** _____

Hgb MUST be less than 10 to receive medication.

Consent required if anemia is chemotherapy induced. Ordering physician required to obtain consent and fax consent with order.

Dose (please check one):

- 10,000 Units subcutaneous injection
- 20,000 Units subcutaneous injection
- 30,000 Units subcutaneous injection
- 40,000 Units subcutaneous injection

Frequency: _____ **Length of Treatment:** _____

Physician Signature: _____ **Date:** _____

Physician NPI: _____ **Edward Hospital NPI:** 1427069632

Physician Name (Please Print)

Office Phone

Fax Number